

LOS ANGELES COUNTY EMS AGENCY

CONTINUING EDUCATION ATTENDANCE RECORD CHECK LIST

Provider_____ CEP #_____

Date_____

All Continuing Education attendance rosters must include a minimum of the following:

- ☐ CE Provider's name as officially on file with the EMS Agency
- ☐ CE Provider's address and phone
- ☐ California EMS CE Provider number
- ☐ Course Title
- ☐ Course Date
- ☐ Number of hours granted
- ☐ Instructor(s)
- ☐ CE Category - ☐ *Instructor Based* ☐ *Non-instructor Based*
- ☐ Instructional Format:
 - ☐ *Lecture* ☐ *Field Care Audit* ☐ *College Course* ☐ *Clinical/Field Observation*
 - ☐ *Teaching* ☐ *Advanced Topic* ☐ *Media/Serial Production*
 - ☐ *Clinical/Field Precepting* ☐ *Nationally/Regionally Sponsored Course/Conference*
- ☐ Statement – "This record must be maintained for 4 years"
- ☐ Program Director's signature

Develop Columns for:

- ☐ Attendee's Name – First and Last Name
- ☐ Employer or mailing address
- ☐ Signature of attendee
- ☐ Professional classification of attendee (EMT, paramedic, nurse, MICN, etc.)
- ☐ State EMS paramedic license or EMT certification
- ☐ County accreditation for Paramedics or EMT or MICN certification
- ☐ Performance Exam results
- ☐ Evaluation submitted
- ☐ CE certification issued